

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4502-63-018159
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4502

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|--|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY FILED MAY 2 1963 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri . b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | c. CITY OR TOWN St. Louis. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5235 Page, Blind Girls Home | | d. STREET ADDRESS (If outside, give location) 5235 Page, Blvd. | |
| 3. NAME OF DECEASED (Type or print) First Elizabeth Middle R. Last Ruggles | | 4. DATE OF DEATH Month April Day 23 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/10/1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired unknown | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME George A. Ruggles | | 13b. MOTHER'S MAIDEN NAME Jenny Foster | |
| 14. NAME OF HUSBAND OR WIFE Nil. | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Nil. | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Records Blind Girls Home, 5235 Page, Blvd. | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Coronary occlusion DUE TO (c) Coronary insufficiency | | INTERVAL BETWEEN ONSET AND DEATH Very short Sev. weeks 4201 F. sev. yrs. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Small laceration R. post. scalp | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell to floor after heart attack | |
| 20c. TIME OF INJURY Hour 7 a.m. Month, Day, Year 4-23-63 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home. 06 | | 20f. CITY, TOWN, OR LOCATION ST. Louis | |
| 20g. COUNTY Mo. | | 20h. STATE Mo. | |
| 21. I attended the deceased from June 1962 to 4-23-63 and last saw her alive on Apr. 14 1963 Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. J. Barndt M.D. | | 22b. ADDRESS 5427 Delmar | |
| 22c. DATE SIGNED 4-23-63 | | 22d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4-25-63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| 24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd. | | 25. DATE RECD. BY LOCAL REG. APR 24 1963 | |
| 26. REGISTRAR'S SIGNATURE Paul Smith. M.D. | | 26. REGISTRAR'S SIGNATURE | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.